## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in to the community of the commun	(Check if name Example: If typ is changed) over the lines	<u> </u>
Continuing A	Majority Party Action Committee (CAMPAC)	
ADDRESS (number and s	street) 3913 Lastinaii Avenue 30ne 100	
(Check if address is changed)	Midland	
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	jmedema@bunsidelang.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0 6	/ D D / Y Y Y Y Y Y D D D D D D D D D D	
3. FEC IDENTIFICA	TION NUMBER C C00350462	
4. IS THIS STATEM	ENT NEW (N) OR X AME	NDED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is	true, correct and complete
Type or Print Name of	Treasurer Jacqueline M. Medema	
Signature of Treasurer	Electronically Filed by Jacqueline M. Medema	Date 06 04 7 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person s  ANY CHANGE IN INFORMATION SHOULD BE	
Office Use Only	Federal EI Toll Free 8	r information contact: ection Commission :00-424-9530 (Revised 02/2009)